



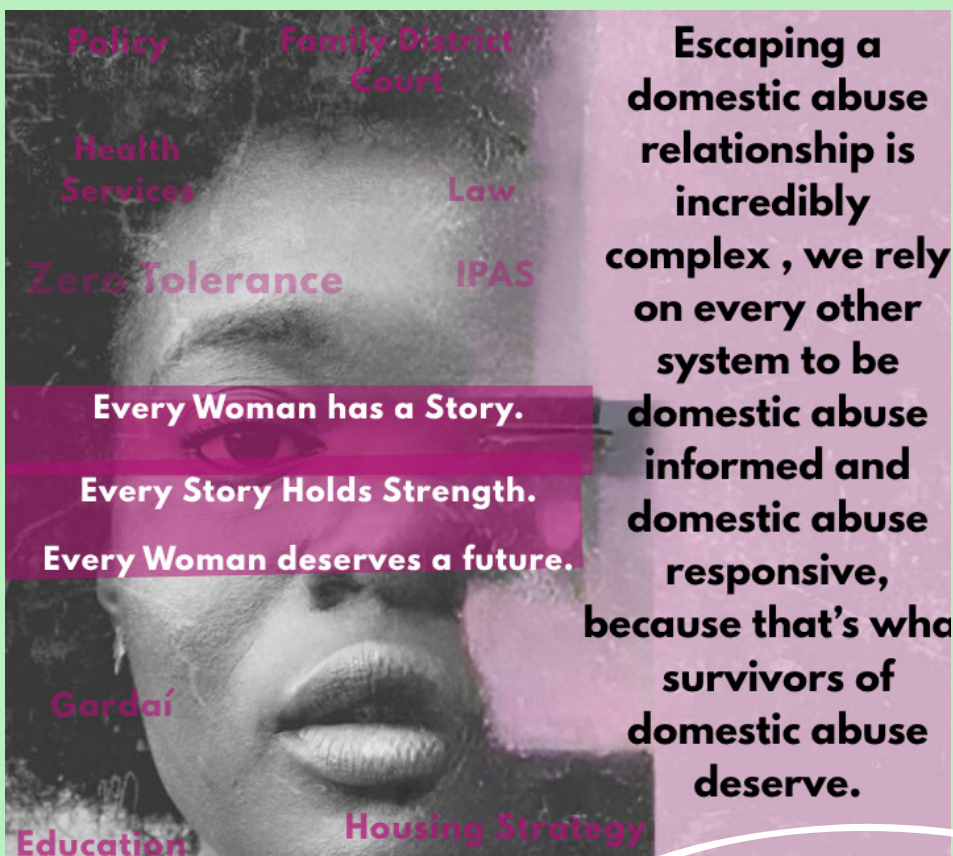
Drogheda Women's & Children's
Refuge Centre C.L.G.

The Safe Harbour Project Interim Evaluation

June 2025



This report was written by Sinéad Smith. It was commissioned by and prepared for Drogheda Women and Children's Refuge Centre. The evaluation was funded by the Community Safety and Investment Fund.



Abbreviations used in this report

- Drogheda Women and Children's Refuge Centre - DWCRC
- International Protection Accommodation Services - IPAS
- Domestic, Sexual and Gender Based Violence - DSGBV
- Community Safety and Investment Fund - CSIF

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Safe Harbour Education & Outreach Project – Interim Evaluation 2025

CEO Foreword

At Drogheda Women & Children's Refuge Centre, our commitment has always been to ensure the most vulnerable are heard, supported, and empowered. The Safe Harbour Project was developed out of a need to respond to the specific experiences of women seeking international protection who are affected by domestic abuse, a group too often overlooked and underserved.

This interim evaluation marks an important milestone in our journey. It offers us the opportunity to for DWCRC to pause, reflect, and learn. The insights and feedback captured here validate the impact of the project to date, particularly in building trust with women in Mosney Village and strengthening interagency responses. The evaluation also identifies critical areas for improvement, such as the need for clearer referral pathways, greater integration within our organisation, and a more formalised structure for interagency collaboration.

By listening to the voices of women and frontline professionals, this evaluation provides both affirmation and direction. It helps us to sharpen our focus, to adapt where necessary, and to advocate more effectively for systemic change. Most importantly, it reminds us of the resilience of the women we support and our responsibility to respond with compassion, professionalism, and purpose.

We are proud of what the Safe Harbour Project has achieved in its first year and equally committed to building on these foundations in the months ahead.



CEO, Drogheda Women & Children's Refuge Centre

01.

Introduction & Background

The Safe Harbour Project was established under the auspices of Drogheda Women and Children's Refuge Centre (DWCRC) in January 2024. The organisation has been working for over 25 years providing support and assistance to women and children experiencing domestic violence and homelessness in the Drogheda and South Meath area. It states on its website its belief is that

“everyone deserves to live a life free from fear, abuse, and uncertainty. DWCRC offers a wide range of crucial services to support and protect women and children in crisis situation

The origins of the Safe Harbour project began prior to the submission of the formal funding application when Drogheda Women and Children's Refuge Centre became more aware of the need for a targeted approach to engaging women residing in Mosney village which is an International Protection Accommodation Service (IPAS) for international protection applicants or programme refugees. The IPAS centre in this report will be referred to in this report as Mosney village. *“We began to receive calls for support, a spike, in calls from women living in Mosney village”* (CEO, DWCRC).

This issue was also flagged by service providers in different fora, including the Children, Young People and Services Committee for Co. Meath.

The CEO also noted that information was anecdotal but *“if research demonstrates that 1 in 4 women experience domestic abuse in their life and 800 people (women, men and children) are in an IPAS centre near Drogheda, then that could be a significant number of women affected.”* (CEO DWCRC)

To undertake this work, a community development approach was deemed the best model as the work was going to be slow, trust would need to be built with women and the project wanted to build leadership and knowledge among women to be ‘champions’ on the issue within their community.

It was also evident that to build trust on a sensitive issue like domestic abuse, the project had to be *‘onsite, going in once or twice a month was not going to be enough’*, (CEO DWCRC) i.e. a satellite clinic from the organisation would not build up the trust required for the organisation to make any inroads on this issue.

In its Community Safety Innovation Fund Application, submitted in 2023, the Safe Harbour project described its main objective to:

Provide an outreach and education support service to women and children experiencing domestic and sexual abuse.

The project is intended as a pilot and is aimed specifically at refugee women in Mosney Accommodation Centre, to increase their understanding of domestic and family violence, its drivers and provide referral pathways to access further supports.

In describing its model of work or approach, it states that: The project will take a community development and trauma informed approach, building trust and the capacity of the women through various development programmes to engage, and understand the issues facing women from culturally and linguistically diverse backgrounds².

Following a successful application to the Community Safety Innovation Fund (CSIF), the Safe Harbour project began in January 2024. The steering committee had its inaugural meeting in person this month, followed by a second meeting and terms of reference for its work were agreed. In May 2024 an education and outreach worker began was recruited. The CSIF fund was originally managed through the Department of Justice. It is now being administered under a newly established Community Safety Office under the remit of the Department of Justice. The fund has five key functions:

- Allows proceeds of crime to be directed into community projects to support community safety
- Ensures that the most appropriate proposals to improve community safety will access the funding they need
- Encourages the development of innovative ways in which to improve community safety from those people who best understand local community safety needs
- Allows best practice on community safety and youth justice to be shared with other partnerships and communities nationally as new proposals are developed
- Reflects and highlights the success of An Garda Síochána and the Criminal Assets Bureau in seizing the proceeds from criminal activity

¹About Us – Drogheda Women’s & Children’s Refuge, website, 2025

²CSF Application, Drogheda Women and Children’s Refuge Centre, 2003

02. Evaluation Methodology

Drogheda Women and Children's Refuge Centre decided to undertake an external interim evaluation into the project's development strategy after the first year in operation. An external consultant was recruited. This interim evaluation report assesses the work of the Safe Harbour Project to date, benchmarked against the three project outcomes through:

1. Analysing the actions undertaken/ completed by the project against identified targets/actions
2. Assessing changes in awareness, behaviours and responses to domestic violence by women who have engaged with the project, services who have undergone training and agencies who participate on the project steering committee
3. Reviewing and assessing any barriers both structural and operational that impacted on the implementation of project actions and activities
4. Making recommendations on suggested improvements/adjustments to support project implementation, future development, evaluation, and potential mainstreaming

The report was compiled using both qualitative and quantitative research methodologies including:

- Direct interviews with staff and management in the Safe Harbour Project and DWCRC
- Interviews to develop case studies with women who have accessed services and supports from the Safe Harbour Project
- Two online surveys were undertaken: one with the members of the steering committee for the project and a second one with agencies whose staff have undertaken training with the Safe Harbour Project
- Desk top research on relevant policies and funding streams
- A review of the project's operational plan targets benchmarked against activities delivered as documented in statistics drawn from the organisation's E-Safe CRM reporting system

03.

Safe Harbour Projected Actions & Outputs in Year 1

While the project began operationally in May 2024, the Safe Harbour education and outreach worker did not begin direct work with residents in Mosney accommodation centre until late September 2024. As a result, their engagement work with women in Mosney village has been limited to approximately seven months of one to one work, reducing the project outputs, which were originally set over a twelve month period.

However, from May 2024 onwards, the worker engaged with external agencies to raise awareness of the project and domestic violence more generally. They developed and delivered the 3 Rs training (Recognise, Respond and Refer) to a wide range of organisations who work with female asylum seekers and refugees. This work supported increased referrals to the project from agencies who engaged in training, which is discussed in more detail later in this report. They also met with a range of agencies to raise awareness about the project and its work.

The organisation in its application under the Community Safety Investment Fund outlined three expected outcomes from the Safe Harbour Project over a two year period. A number of actions were set out under each outcome. The three outcomes are described below, alongside the projected outputs and the actual achieved outputs are detailed in the far right column.

Outcome 1:
Increased capacity of women living in Mosney village and the management team to recognise and address issues around domestic and sexual violence, for themselves and other women in the village

No.	Description of Action	Participant No. in total	Date to be delivered by	Actual Output 30/4/2025**
1	Design and delivery of development programmes for women 2 x 6 months. Included in this will be self-esteem, Impact of DV, legal & DV supports to access (Year 1 & 2)	60	Jan 2024 Jan 2025	52 women or 86% of the target
2	Design and delivery of training programmes on the impact of DV and appropriate responses to Management team & other orgs in the village 3 x 4 week (year 1 and 2)	40	Nov. 2023 Oct. 2024 May. 2025	51 sessions - exceeded target by 12%
3	Establishment of Survivors Support group and continued support to the group	20	June 2024 Ongoing following completion of development programmes	Not activated - deemed too early in the project

³Community_Safety_Fund_Guidance_Note_CSF_2025.pdf, May 2024, Community Safety Fund 2025: Funding Call

Outcome 2:
Ongoing support
and safe referral
pathways for these
women and children.
Reduced fear
around the issue and
improved safety and
feelings of safety

No.	Description of Action	Participant No. in total	Date to be delivered by	Actual Output 30/4/2025**
1	Links and relationships to be developed and strengthened with organisations working in Mosney & other relevant support agencies	100	Sept. 2023 - onwards	Not measured
2	Promote and publicise the support services with relevant agencies. Participate in various support fora	100	Sept. 2023 onwards	Not measured
3	Establish weekly outreach clinic	60	October 2023 onwards	16 referrals to date - worker available on site, this approach was deemed a more workable solution and action delayed by 5 months
4	Establish safe referral pathway framework in conjunction with relevant agencies	20	Jan 2024	Not formalised

Outcome 3:
Build leadership
within the migrant
community
and creation of
resilient and safe
communities within
the village

No.	Description of Action	Participant No. in total	Date to be delivered by	Actual Output 30/4/2025**
1	Identify women through development programmes to become leaders on the issue	10	May 2024 & May 2025	Action not activated (deemed to early-predevelopment work still happening) YEAR 2
2	Support these leaders through delivery or access to additional DV training programmes	10	Sept 2024 & Sept. 2025	Action not activated (deemed to early-predevelopment work still happening) YEAR 2
3	Support leaders to participate on relevant fora	10	Ongoing from 2024	Action not activated (deemed to early-predevelopment work still happening)

Analysis of Project Outputs Under the Three Outcomes

Outcome 1:

The project outputs, under Outcome one, which has been the project's priority demonstrate that a significant level of activity has taken place with the outputs under actions one and two exceeding their targets.

- 86% of the target reached in terms of workshops with women (52 women reached against a target of 60 women). Workshops focused on building relationships and trust with women living in Mosney village. It is important to note that the group sessions for women focused on personal development and self-care, and the topic of domestic abuse was not addressed as many women are not yet comfortable discussing this in a group space at this early stage in the project.
- The target to deliver 40 domestic violence awareness workshops with agencies was exceeded by 12% with 51 workshops delivered. This work has increased the number of referrals of women into the project as can be seen from the referral statistics later in this report with 69% of women referred for support being referred by external agencies-many of whom attended training with the project. (this figure excludes self-referral and referral by the management of the IPAS centre). Undertaking this work early in the project, has paid dividends and should be an ongoing priority and focus of the work of the organisation.
- The development of survivor support groups was not possible at this early stage of the project due to time it takes to build trust. Exploring the potential linkage of women post one to one support in relation to domestic abuse into survivor support groups within Drogheda Women and Children's Refuge Centre may be a more appropriate option at present, particularly for women leaving Mosney village and moving into the local community.

Outcome 2:

The first two actions under Outcome two on relationship building and publicising the project were not measured by the project through its current E-Safe CRM system or in other documentation. This system is a client management system which records statistical information across the work of the whole organisation of Drogheda Women's Refuge and Children's Centre. It is evidenced that this work did take place from the high number of referrals into the project and the level of training provided to frontline services, which is also recorded on E-Safe but documentary statistical information on the number of agencies engaged and reached has not been retained. Going forward a separate system of recording should be implemented to capture this work.

Action three which focused on one to one work in a clinic style structure set a target of engagement with 60 women over a 12 month period. To date the project has worked from the end of September to the end of April (7 months) with 14 women out of 16 women referred. The number of interventions and support for this group of women stands at 409 which demonstrates the intensity of the support, however the target set out originally was too ambitious possibly for a project working on a sensitive issue such as domestic abuse. A more realistic target of 30 women over 12 months would have been a more reasonable ambition, particularly given the other priorities of the project i.e. delivering training, developing relationships with external agencies and group programmes.

The final action under Outcome two focused on safe referral pathways to services. This work has begun informally and the next section of the report plus the case studies with women supported by the project demonstrate a high level of referral engagement with other services and agencies. These systems while not at this stage formalised could become more structured through agreed referral forms/systems with different agencies. It could also be operationalised through establishing an interagency forum.

Internally there is a referral process between the Safe Harbour Project and the wider services of DWCR to document supports provided. These internal referrals include the number of women referred from the Safe Harbour project into counselling, into refuge, children into play therapy and court accompaniment when the outreach team undertakes this work. To date the numbers have been low with seven referrals to counselling and one referral to play therapy. This will increase as the project grows.

Outcome 3:

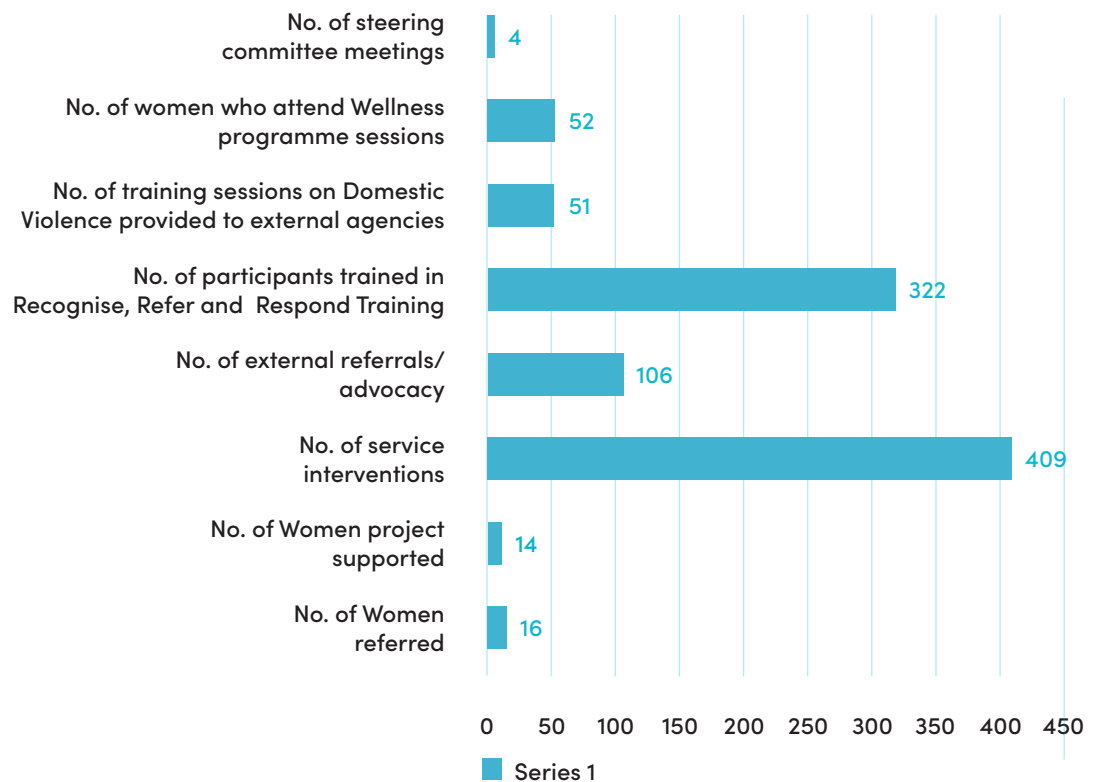
The actions under Outcome three were not operationalised at all for two specific reasons. Firstly, the predevelopment stage of the project meant that only seven months direct work on site was completed. Secondly, the reluctance of women to engage in groups discussing the topic of domestic abuse was cited by women to the project's worker. Reasons reported included the stigma attached to the topic plus the lack of trust in terms of confidentiality in a group setting. The changing and transient population of the centre, language issues, cultural issues within and between groups presents a challenge in developing leadership programmes in this space. More discussion on the feasibility of this action or reconfiguring of it as a longer term goal is required.

Project Outputs - Extracted from E-Safe CRM System⁴ with External Training Provision Statistics Recorded by the Safe Harbour worker

The statistics presented below cover the period from May 2024 to April 2025. The statistics for one to one direct work with women living in Mosney village and group programmes covers the period of September 2024 to the 30th of April 2025 only. The E-Safe System is used across DWCRC for the purpose of recording and measuring their work outputs.

Summary of key activities undertaken by the Safe Harbour Project

Total number of project activities



Total Number of Project Activities May 2024-April 2025	No.
No of Women referred	16
No of Women project supported	14
No of service interventions	409
No of external referrals/advocacy	106
No of participants trained in Recognise, Refer and Respond Training	322
No of training sessions on Domestic Violence provided to external agencies	51
No of women who attended Wellness programmes sessions	52
No of steering committee meetings	4

⁴E-Safe Client Relationship Management System-this is a cloud based salesforce system that records client facing work in specialist domestic violence support services across Ireland. Currently approximately 30 services utilise the system which gives a unified organisational approach to the collection of client data

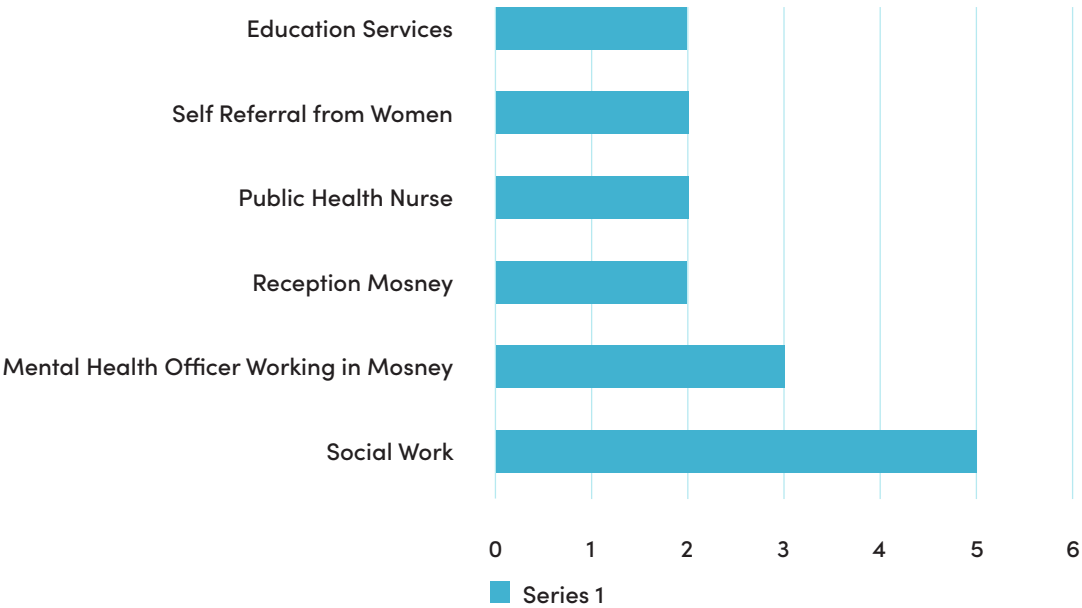
Significant levels of activity were evidenced in the first year of the project, in spite of the fact that the worker who started in May 2025 only began work on site in Mosney at the end of September 2024.

Considerable time and focus has been allocated to working directly with women on a one to one basis. This work is labour intensive, as can be seen by the fact that 409 interventions were provided to 14 women. In parallel, building the capacity of agencies and service providers who work with those living in IPAS in front line services such as the health services, the gardai and education providers has also been prioritised by the project.

An information gap in the statistics collected that can be resolved easily is the fact that 19 out of a total of 106 or 18% of external referrals are unknown. As the Safe Harbour Project is making these referrals and would therefore know the agency they are referring to, this recording of referral agency ‘unknown’ should be eliminated from the recording system.

Number of women referred into the Safe Harbour Project

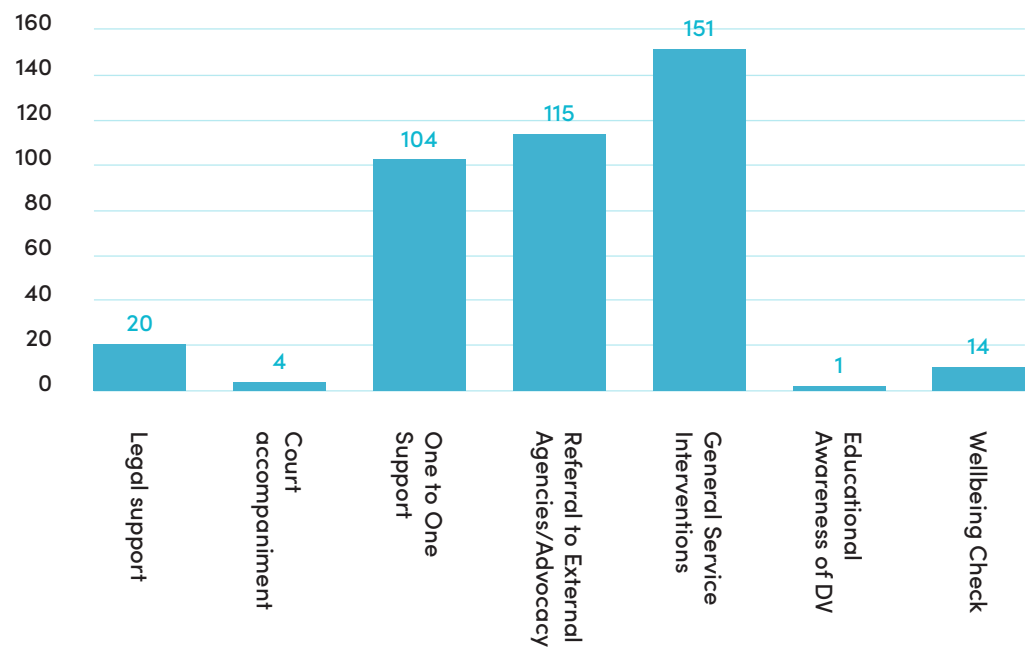
Referrals into the Safe Harbour Project



Number of Women referred into the Safe Harbour Project	No.
Social Work	5
Mental Health Officer working in Mosney	3
Reception Mosney	2
Public Health Nurse	2
Self-Referral from Woman	2
Education Services	2
Total	16

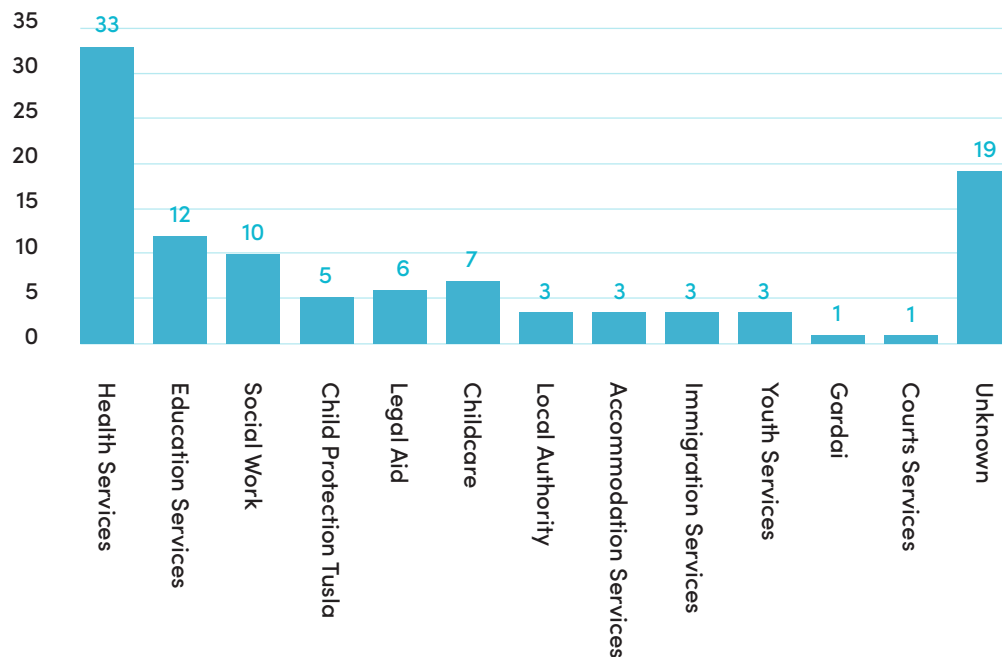
External agencies made up the bulk of referrals for women at 87.5%, with self-referrals at only 12.5% , demonstrating the importance of interagency protocols and referral systems.

**Number
of Service
Interventions
Provided
Directly to
Women**



Total Number of Service Interventions	409
Legal Support	20
Court Accompaniment	4
One to One Support	104
Referrals to External Agencies/Advocacy	115
General Service Interventions	151
Educational Awareness of domestic violence	1
Wellbeing Check	14

**Number of
External
Referrals/
Advocacy made
on Behalf of
women**



Total Number of External Referrals/Advocacy	106
Health Services	33
Education Services	12
Social Work	10
Child Protection Tusla	5
Legal Aid	6
Childcare	7
Local Authority	3
Accommodation Services	3
Immigration Services	3
Youth Services	3
Gardai	1
Courts Service	1
Unknown	19

The highest number of referrals made by the Safe Harbour Project on behalf of women was to health services at 30% while social work and child protection referrals made up 14% of referrals made. The next highest referrals made were to education services at 11%.

04.

Service Experience of Women Supported by the Project

The following section presents two case studies on the service journey of two women who have accessed a range of supports and services provided to them by the Safe Harbour Project and Drogheda Women and Children's Refuge Centre. In selecting participants, the criteria applied to ensure the safety and security of participants was three-fold: firstly, that they were no longer living with their partner, secondly that they had regularised their immigration status e.g. leave to remain or refugee status and thirdly are no longer living in Mosney village, both case studies have only left the IPAS system in the last number of months.

Common themes arise in both case studies in relation to:

- Recognising your own experience of abuse and understanding it as abuse
- Knowledge about domestic violence support services in Ireland
- Knowledge about legal rights and entitlements
- The importance of onsite specialist domestic violence supports in IPAS centres
- Stigma and isolation, alongside other barriers that women experience within their own community when domestic violence is disclosed

Case Study 1

Maria⁵

⁵This is a pseudonym, and identifying details have been changed to ensure the anonymity of the service user, providing a unified organisational approach to the collection of client data

Maria's Experience of Domestic Abuse

Maria came to Ireland in 2019 seeking asylum with her young children. She received leave to remain but was in Mosney village for more than two years after this due to the lack of available accommodation. She is a highly qualified professional with and proficient English language skills.

One of the reasons for coming to Ireland was the domestic abuse she experienced at the hands of her husband from early on in her marriage. She left her home country, which was a recognised conflict zone and told no one she was leaving. She left her family, job, and her education as she was studying part time. Once she had children, she felt she had to protect them.

She described her home country as patriarchal in how it treats women, using religious beliefs and customs to control women and that women often 'hide their experiences of domestic abuse even from other women' and have done so for generations.

She found people from her own community in Ireland who were also in IPAS 'not helpful' to her as she had left her husband. She described how her after leaving her husband her '*parents were sad...seen me as shameful....I had no contact with them for a year and sometimes you wake up and think what did I do.*' Due to ongoing pressure from her family and husband she applied for family reunification. Her husband '*....promised he would change*'.

While her husband was granted temporary permission to come to Ireland, he was unable to stay with her in the IPAS system. This she believes was positive for her and her children due to ongoing abuse. While in Ireland he continued emotionally and physically abusing her and this manifested itself in several ways e.g. slapping her, pulling her hair, and kicking her in the kidney in the presence of her older child.

Supports from the Safe Harbour Project

An incident occurred in Ireland which spurred her to seek supports to end the relationship and the abuse. In the first instance, she sought the supports of the centre management in Mosney village who agreed not to allow her husband on site, and they signposted her to psychological supports due to the impact of the abuse on her mental health. A social worker also referred her to the Safe Harbour Outreach and Education Project worker as she did not know anything about local domestic violence support services, and they supported her in numerous ways:

- Access to counselling services provided by Drogheda Women and Children's Refuge Centre, who supported her decisions, listened to her experience, and believed her. She was at the time being made 'feel not normal' by her family so this gave her strength. Her husband was also sending abusive messages to her mother and putting pressure on her family at this time.
- The project worker supported her in making applications to social welfare and to remove her partner from joint payments as he was taking her payment and 'he was using money to abuse me'
- The project worker advocated for her to separate her HAP entitlement from her husband as she separated from him, and she supported her in accessing legal advice to seek a formal separation

Maria talked about her experience with the Safe Harbour project and described the key elements of support she received: *"I was listened to...I received advice from professionals who I was referred to by the project like a solicitor"*

The project worker advocated for Maria with the local authority changing her Housing Application for HAP and she supported her into counselling with the Refuge. *"She helped me by writing to social welfare and explaining my situation with my payment and my husband..."*

Maria also spoke about the worker's support with her mental health which was impacted through experiencing domestic abuse. She supported her by explaining to her that taking medication prescribed temporarily for depression was helpful and her depression was a result of the impact of domestic abuse. Her husband had stated in the past that he would take the children, and she thought that she would be 'deemed not normal' if she took medication for her mental health. The worker assured her this would not happen to her in Ireland.

Barriers to Supports

In terms of barriers Maria spoke about internal community barriers in her home country but also in relation to people from her country living in Ireland. She spoke about how cultural norms and religious beliefs she grew up with have impacted on her experience of domestic abuse. While her relationship with her husband was abusive from the very beginning, she didn't recognise it for a long time. It was only when expecting her second child, when an incident occurred that demonstrated to her that her husband did not care about her health or the baby that she then felt the trust was gone between them and this was the reason she left him the first time.

She gave examples of how her husband tried to publicly shame her, speaking negatively and insulting her in front of people from their community with comments such as '*I believe she is a bitch*' and discussing their sexual relationship openly. When she stood up for herself, some people in the community said, '*all men are like this*' which she understood as an acceptance of his behaviour. She also believes that community members shared information about her movements with her husband post separation, giving her the feeling of being monitored and watched by them while living in Mosney village.

Her parents eventually supported her decision to separate and assisted her with the process at home and this year she received a divorce from her husband who is no longer in Ireland. They were fearful of revenge from her ex-husband during this process. She cited that not being able to access a religious divorce in Ireland is a challenge.

While stating that she doesn't feel brave, Maria spoke about how seeking and getting a divorce has been a huge personal decision against the grain of social, religious and cultural norms in her home country and has resulted in her being cut off from her own community in Ireland as well as her home country, notwithstanding her rebuilding her relationship with her parents.

Supporting Women in IPAS who Experience Domestic Abuse

Maria believes that women seeking international protection in Ireland need supports to understand their rights in terms of domestic abuse and that 'many women are afraid to speak,' women need separate spaces from men where their rights in Ireland can be explained to them.' The Safe Harbour Project on site is important too as its available to women who may not know where to go to get help.

Living in an IPAS centre can be challenging in terms of having what Maria terms as no 'privacy' from other community members and she described how even though her husband did not live with her in Mosney village, people in the community told him about her movements.

Maria is now safe and in her own home with her children, caring for them and has continued with her education, hoping to return to the work she did in her home country at a later stage.

Case Study 2

Ana

⁶This is a pseudonym, and identifying details have been changed to ensure the anonymity of the service user, providing a unified organisational approach to the collection of client data

Ana's Experience of Domestic Abuse

Ana came to Ireland in 2021 as a programme refugee and stayed in IPAS centre in Ireland for three years. She was evacuated with her children, husband, and members of her family from her country which is a conflict zone. She did not want to leave her home or her job and described it as a 'traumatic experience'. She is a highly qualified professional with transferable skills in an Irish context. Before coming to Ireland and afterwards her husband was emotionally and physically abusive towards her. During their relationship she experienced physical abuse such as punching and kicking and during her pregnancy being forced to take medication by him which she was afraid was to harm her baby. She experienced ongoing coercive control such as being told what to do and what not to do, where to go or not go, constant put downs and criticisms and being told not to go out to work as she 'should not work with men.'

Ana described how domestic abuse is prevalent in her home country, accepted and normalised. She cited the fact that many of the women in her family circle experience domestic abuse. Women do not leave as children are likely to be given to their fathers in the situation of a family separation and custody applications to a court. She did not know that was not how the legal system works when she first came to Ireland and that cases are judged on their merits and the facts. Her husband threatened to take her children from her, and she believed that he could: *"I didn't know in Ireland that children can stay with their mother."*

When they came to Ireland, her husband left her for a period with no explanation and returned at a later stage. She then became pregnant when he returned, and the abuse continued. During her pregnancy he hit her in her stomach and continued to emotionally abuse her, an additional pregnancy which was unplanned: *"My husband was happy to see me stuck at home with children...he was mocking me about it."*

Supports Received from the Safe Harbour Project

It was while on a hospital check-up during pregnancy when a nurse was kind to her that she cried as the nurse enquired about her welfare that she first spoke about the abuse. The nurse referred her to the medical social worker who referred her to the Safe Harbour Project. When she began to engage with the education and outreach worker she describes how she was feeling at that time: *"I was emotionally devastated...lonely, I had no information about what I should do or not do"*.

The Safe Harbour worker supported her in the decisions she made e.g. she wanted to have her baby as her religious beliefs mean she does not agree with abortion despite advice to have a termination from a different health professional: *"She [the worker] supported me, she accepted my decision and said it was ok to keep the baby and that the court would give me the baby."*

Other supports provided by the worker included legal advocacy, including accessing legal advice, explaining the documents her solicitor sent her, supporting her in drafting information to her solicitor: *"She applied for legal aid with me and when it was stressful understanding what the solicitor was sending me as the solicitor thinks you know, she helped with this"*.

The worker alleviated her fears about her husband taking the children out of the country and her solicitor applied for a court order on this issue too. The worker checked in with her daily at a time when *"my own family was angry with me."*

Ana describes how the Safe Harbour education and outreach worker checked in daily with her, provided emotional support and helped her put into words what she needed at a time when her family were not supportive of her decisions. Ana states that she was *"fighting on two lines, an abusive relationship and my family who found my situation unacceptable,"* with some of her siblings still not talking to her and asking her to keep it secret from her wider family in her home country, which she agreed to.

When talking about her children, Ana describes how the Safe Harbour worker discussed the impact of domestic abuse on children with her, the worker also made a referral to Tusla Child and Family Agency as her older child did not want post separation access with her father due to his behaviour. One of her children who was struggling with their father being gone, then returning on visits but continuing to say abusive things about his mother accessed play therapy with Drogheda Women and Children's Refuge Centre. Ana stopped her husband coming for home visits in her home because of this.

Ana herself attended a six week counselling programme through Drogheda Women and Children's Refuge Centre, and it was a positive experience, *"there were lots of tears and being told my feelings were normal."*

Barriers to Support

Ana spoke about the issues that she faced in accessing supports.

Her lack of knowledge about the Irish legal system was a barrier and “my husband seemed to know more than I did and this scared me.”

Trusting people was also an issue:

“I have a friend in the UK who was supported by a women’s refuge where she stayed, and she told me I could trust a support service. It was very difficult to trust people

This advice was important as her friend was an ongoing support during the process. She also spoke about living in Mosney village and not knowing about support services outside of the centre and how this can be isolating. Ana has excellent spoken English which was a positive and having the Safe Harbour Project in the accommodation centre meant the worker could visit her and be accessible to her. She later accessed services within the wider organisation of Drogheda Women and Children’s Refuge Centre. She describes the support she received during this time as familial: *“The women’s refuge were my family”*

In terms of her own community in Mosney village, she didn’t feel supported by members of her own community and felt that she was viewed as the problem and blamed for being separated from her husband who abused and left her with comments such as *“what is wrong with this woman....why did your husband leave...did you do something wrong”*

As a result of this, she stopped asking people to come for social events as *“I was ashamed.... why was this happening to me.”* This resulted in her not disclosing to her Irish friends until her baby was born what had happened to her. When she did disclose, she had offers of childcare and support with a friend stating separation was normal in Ireland. *“It was such a relief I am accepted in Irish society.”*

“It was such a relief I am accepted in Irish society

Supporting Women in IPAS who Experience Domestic Abuse

Ana spoke about how some services did not seem to accept or respect her decision to continue with her pregnancy as her religious beliefs would preclude having a termination and that professionals should understand and respect her cultural and religious beliefs are different and important to her. She believes that the intervention of support she received in the pre-natal check-up is an opportunity for medical professionals to reach out to women experiencing domestic abuse and asking the right questions. Ana believes that *"If I didn't cry, I wouldn't have gotten help, other women might be too afraid to speak."*

Another medical professional told Ana to report her abuse to the gardai in the first instance but believes due to her fear of authority and not understanding Ireland's legal system that the first referral should have been to a support service which does not represent a state agency. In her country, the police are male, sometimes corrupt and this frightened her. When she did engage with the gardai, the support worker assisted her, and she was interviewed by a female garda which was a positive experience. She believes that health services and frontline professionals have a vital role to play as the first point of contact with women who may be experiencing domestic abuse and that they should be non-judgemental when listening and supporting women of different religious and cultural beliefs. Ana gave a further example of a medical professional who encouraged her to have her husband present at the birth, despite her stating they were separated. Ana is now living in the community, with her children and has no contact with her husband who she is separated from. She is back working in her professional field.

Learning from Service User Experiences

Service User Profiles

Both women interviewed were third level educated professionals, with a high standard of English language proficiency. In both cases while their partners were in Ireland, they were not living in the Mosney village with them. During this time, they continued to both physically and emotionally abuse them directly and through engaging family members. It is important to note that women living in international protection accommodation centres have a broad range of life experiences. Engaging women with limited English while their partners are living with them in these centres will make direct support work more challenging and must include robust and co-ordinated responses from both statutory and community and voluntary agencies.

Frontline Agencies

The role of organisations such as hospitals, allied health professionals, court services, Tusla Child and Family Agency and An Garda Síochána were vitally important in ensuring positive outcomes for both women interviewed. The provision of training supports for professionals on the specific experiences and support needs of women in IPAS who have experienced domestic, sexual and gender based violence is required to ensure they are aware of barriers women face and how they can support them. Formalised service referral pathways would also ensure a co-ordinated and standardised support for women in what are complex issues. The case studies illustrate different approaches by professionals working in the same field e.g. one health professional only referring to the gardaí only with another referring the same woman directly to a support service.

Support service based in Mosney Village and access to the wider support services of DWCR

Both women interviewed spoke about the Safe Harbour worker visiting them in their accommodation and being available to them as particularly important. It is clear from both case studies that intensive levels of advocacy was conducted on their behalf and jointly with them in relation to their experience of domestic abuse. This included applications for legal aid, housing assistance payments, advice and information about domestic violence and services available to them. It also encompassed emotional support such as listening and believing their experiences of domestic abuse and supporting them in the decisions they made about their lives when family support was absent. Both women accessed recovery supports with DWCR, including counselling for themselves and play therapy for children.

Point at which Women seek Support

In both case studies, it was their children and the need to protect and support their children that was the key push factor in both women seeking help. They wanted a different life free of emotional and physical abuse and did not want their children exposed to this abuse. This is a common push factor for women who experience domestic abuse. In one case study, being abused during pregnancy was a catalyst to seeking support and in the other case study, the treatment of her children by her husband rather than her own experience of abuse was the trigger to seek help. International research has highlighted that this is a common occurrence for many women who experience domestic abuse.

Community Barriers

Both case studies illustrate how attitudes to gender based violence and the roles of women in patriarchal societies communicated by their family, the wider community and extended families in their home country played in preventing the women seeking supports initially. Both women spoke about experiencing abuse since the beginning of their marriages and the normalisation of the experience of domestic abuse for women in their countries of origin. Both women experienced fractured relationships with parents, feelings of shame and isolation from their community with both citing limited contact with their community in Ireland due to being separated from their partner. This is a high price that women and children pay for their safety and while one woman is rebuilding her relationship with her parents, the other woman has had to keep her separation secret from some family members. Investment in direct community development work with communities (women, men, and young people) to address gender based violence as a form of gender inequality in the longer term is vitally important.

This whole of society work in Ireland needs to also take cognisance of the cultural, religious, social and gender norms that interweave and impact on attitudes to domestic, sexual and gender based violence within diverse communities, including those seeking international protection, many of whom will make Ireland their permanent home.

Other Barriers

The experiences outlined in the case studies have been echoed in a recent report by Offaly Domestic Violence Support Services which cited four key barriers facing ethnic minority women in the midland's region as:

- Language and communication.
- Finding the right service and understanding what domestic violence services do.
- Shame and stigma and fear of being rejected by their community; cultural or religious issues; immigration status and
- Fear of racism and prejudice⁷.

⁷Ethnic Minority Community Development Project (2018–2020), Offaly Domestic Violence in Support Service in association with Tusla, page 17

In contrast to the list above, issues of immigration status and communication issues did not arise in the two case studies presented as both women had either leave to remain or refugee status and both had excellent English language skills. Issues of racism were limited; however, prejudice did arise into assumptions about the possible termination of pregnancy and the attendance of fathers at birth from two health professionals.

The Safe Harbour project works daily with women who have limited English language skills and are still in the international protection application process. In addition, the religious and cultural barriers outlined in the two case studies may not be as relevant for other diverse groups of women living in IPAS e.g. social norms on divorce or separation and lone parenting vary. A lack of understanding of domestic abuse and domestic abuse services was also cited by in both case studies. Drawing generalised conclusions from two case studies is not possible, however the broad list of barriers identified by the published report are applicable to the project's work to date.

05.

Organisational Perspective–Drogheda Women & Children's Refuge Centre

As part of the evaluation process, interviews with the education and outreach worker for the Safe Harbour Project and the CEO of Drogheda Women and Children's Centre were conducted. The support services manager who is the line manager for the Safe Harbour worker fed into the analysis, separately in her role as a member of the Steering Committee for the project. This is documented in the next section of this report. Areas discussed with the CEO and Safe Harbour worker included the role of the project; the work focus of the project, models or approaches used and finally the main achievements and challenges facing the project. These are outlined below:

01.

The Role & work of the Safe Harbour Project within Drogheda Women & Children's Refuge Centre

Both the CEO and the education and outreach worker agreed that the work of the Safe Harbour project fits thematically within the outreach team programme of Drogheda Women and Children's Refuge Centre due to its community and education focus. They both noted that to date no organisational wide presentation or input has been given to the whole staff team on the work of the Safe Harbour project and that it was important that the project learning from the evaluation report was shared with the wider team.

The work focus of the Safe Harbour Project varies depending on the level of referrals and requests for services as the level of crisis changes or fluctuates. The education and outreach worker undertakes a combination of one to one direct work with women, group programmes with women and external training with services and agencies.

An example of a crisis intervention would be a situation of a woman attending court for an emergency domestic violence order, when there would be little notice to the worker. This would require a full day accompaniment with that person, a service that is often unplanned and must be responded often with less than 24 hours' notice, whereas awareness sessions with external agencies are planned in advance.

To date there has not been a clash in terms of being able to do both and the project worker believes this can be 'balanced mostly' as the number of referrals are not high. She acknowledged this could change if service demand grows.

The project worker is unsure where the Safe Harbour project fits within Drogheda Women and Children's Refuge Centre. She feels she is 'changing hats' all the time depending on the work e.g. one to one support: training etc.

The outreach team have some understanding of the work but when asked if she has presented to the whole team on her work in the project, she said she had not. A shortage of staff within the organisation mean that rather than linking women with services in the organisation she is providing them e.g. court accompaniment, calls for refuge spaces when the refuge is full. At times she is providing a service within a service, stating that the project 'feels like a separate service' and she receives 'mixed messages' about her role and work focus at various times.

The worker thinks the barriers that women staying in Mosney village face accessing services in Drogheda and on site with the Safe Harbour project are not fully understood within DWCRC:

Barriers such as:

- Access to transport into Drogheda
- Childcare (no under 3 provision is available in the accommodation centre)
- Risk and Safety Considerations-e.g. visiting families on site is not possible when perpetrators cohabit the same accommodation unit
- Safety for women-even attending support on site can make women visible to a perpetrator and the wider community



02. Model of Work

The original funding application stated the project would apply a community development approach; however, predevelopment work is still underway. The CEO envisaged the project working with women in group settings supporting their capacity to lead out on responses to domestic abuse within their community but acknowledges the challenges to doing this work.

The structure of the work plan was developed in a way that ensured the work was staggered out to facilitate early predevelopment and one to one work. Due to delays, the project worker who began in May started on site in Mosney in late September some milestones were not met as a result. However, the CEO felt that it is important to remember that the project had never worked on site before and that 'pre-development work is discovery' so the project was developing organically during this time. While not all targets were met, there is a clear rationale for why this was the case and where the project was required to pivot to in terms of needs presenting to it, it did so.

The project's worker uses a range of approaches in her work based on her own expertise and experience.

These approaches are not written down or documented in project materials available to the evaluator but they are internationally evidenced models of practice e.g. elements of the Duluth model on power and control which focuses on the abuse of power by perpetrators⁸ and the tactics used by perpetrators and the Safe and Together Model⁹ (Safe and Together Institute) which puts the responsibility on the abusive partner and removes the focus and responsibility of domestic abuse from women.

She also uses an ecological systems theory model¹⁰, which is centred on the impact of family, culture, and society on human development. The worker focuses on the risk factors that impact women seeking asylum e.g. living in a new culture with different laws, religion, customs, including gender roles of men and women.

She works with women who understand or view domestic, sexual and gender based violence through the lens of their culture, religion and family structures. She does this to be able to support women to better understand their rights, supports available to them and navigate the concerns women may have about their immigration status, reporting domestic violence and the law.

⁸www.theduluthmodel.org/wheels FAQs About the Wheels – Domestic Abuse Intervention Programs

⁹Safe & Together Institute's work is grounded in the idea that latent in child welfare and child-serving systems is the potential to be a powerful ally to adults and children harmed by a domestic abuse perpetrator's behaviors. Systems are most effective when they focus on child well-being while partnering with the adult survivor to increase the safety and well-being of children and the stability, safety, self-determination, and satisfaction of families. Who We Are – Safe & Together Institute www.safeandtogetherinstitute.com/who-we-are

¹⁰Ecological Systems Theory, Urie Bronfenbrenner, 1979

The Safe Harbour worker engages with professionals in the training programme she delivers using this model to support them to better understand the barriers women and children seeking international protection face when it comes to their experience of domestic violence.

Using multiple approaches that are validated and evidenced is of benefit to the work of the project, however two models are in play, one being a social care model with a person centred focus and individual support needs plus a community development approach building the capacity of women to respond to issues within the community. The second model has not been fully implemented to date, due to the reasons cited earlier in this report. As the project grows, there may be a challenge in balancing this combination of work within the role of one person.

When assessing the work of the steering committee to date, both the project worker and the CEO were asked to reflect on their understanding of the role of the committee and how it has met its purpose as set out in the terms of reference. This feedback is highlighted below. An online survey was also circulated to all members of the committee and the results of the survey are outlined in the next section.

The CEO stated that they attend every second meeting of the steering committee. The role of the committee was due to be reviewed in January 2025, but this has not happened to date. From their perspective, the rationale for putting a Steering Committee in place was to:

- Promote interagency working around the issue
- Ensure the project was accountable in its work
- Build strong communication structures with agencies represented on the steering committee
- Finally, to profile the work of the project

The CEO outlined that the role of the group is very important for the reasons set out above but that operational procedures should be reviewed e.g. attendance requirements, who and what the role of the chair of the committee is. Currently the group has no selected chairperson, the project worker currently carries out this role which is not what was originally envisaged or set out in the terms of reference.

The project worker has attended three meetings of the steering committee to date. She currently chairs the meetings and records the minutes. Not all members who attended initially appeared to understand what the committee was and who would be there. This may be because the terms of reference were discussed at meetings that took place before they joined. She has received support on her work from members and is briefed on the terms of reference of the committee but still is not fully clear on what to expect from the committee.

Both the CEO and the project worker were asked to reflect on the key achievements and challenges to date for the project, bearing in mind that the project is still in its infancy and at predevelopment stage. There was a lot of common ground in terms of the achievements, however in terms of challenges the feedback from the worker was focused on what could be described as community and service barriers while the CEO discussed structural and policy barriers, reflective of the role and remit held by each person, and equally valid. There was consensus on the need for dedicated sexual violence and sexual health services accessible to residents in IPAS.

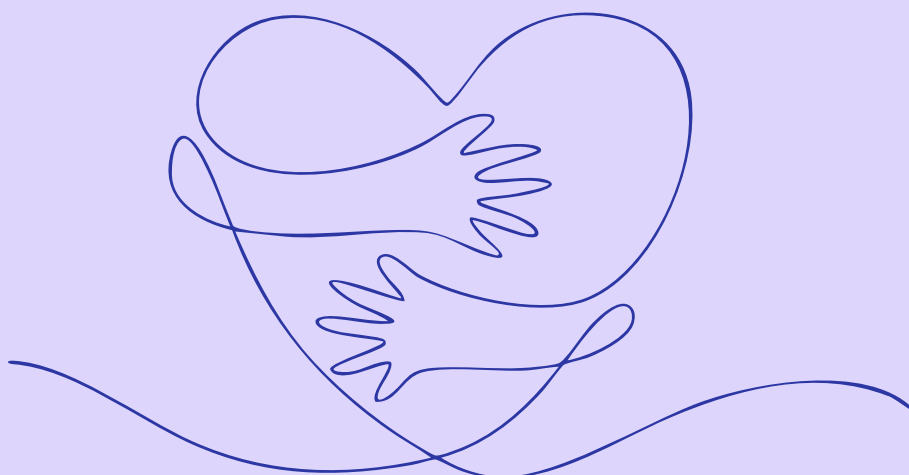
Main Achievements of the Safe Harbour Project

Project Worker's Perspective

- **Professional Service:** Acting as a professional support service able to work with a range of agencies who may have different expectations of the project
- **Relationships:** Establishing good working relationships with women and services. The project worker stated that 'I will provide what I say I will do'
- **External Agency Support:** Making referrals to other agencies has improved women's lives
- **Confidentiality:** Providing confidential service for women and building trust with women living in IPAS who may fear being ostracised
- **Trust:** The project worker stated that 'women do come back as the level of trust and support is built'
- **Feeling Safe and Supported:** Women attending court and getting domestic violence orders is a huge achievement for them, particularly where gardai are called on site and other people living beside her know what has happened

CEO Perspective

- **Professionalism and commitment:** of the Safe Harbour Worker
- **Trust:** A lot of trust has been built through one to one work with women delivering a support service
- **Relationships:** considerable amount of predevelopment work engaging with communities on site
- **External Agency support:** good working relationships with agencies working in Mosney and the management of the centre "Louth Meath Education and Training Board (LMETB) have been very supportive"
- **Project Identity:** "We are now a presence and have experienced massive learning and opportunities to learn and do more"



Main Challenges Experienced by the Safe Harbour Project

Project Worker's Perspective

- **Being a new service:** people do not know about the service – the steering committee took a decision not to use flyers to advertise the project
- **Identity of the Project:** as the woman is not coming directly to DWCRC and may have limited knowledge of the community and voluntary sector, she is not always clear who or what the Safe Harbour project is or understand that services are confidential, that it is not connected to another service or statutory agency which she may be afraid to approach
- **Immigration Status women** sometimes fear their experience of domestic abuse and seeking services for supports e.g. attending court could impact on their asylum application. Depending on their experience in their home country, there are sometimes fear of those in authority e.g. police
- **Lack of Sexual Health Services:** many women have experienced historical sexual violence and are concerned about contracting sexually transmitted infections (STIs). There is currently no dedicated sexual health screening clinic available on site. Services in Drogheda are available, and referrals have been made and have been hugely positive, however the high level of anecdotal reports suggest there is a need for a bridging service/ public health awareness initiative on this issue
- **Agencies delivering services and programmes in the accommodation centre:** the worker began developing group programmes not knowing other programmes for women were running at the same time. It is only over time and through chatting with other organisations on site informally and getting to know them has she discovered other work happening. There is no shared information forum with agencies working on site and the worker does not want to 'replicate what's already happening on site'



- **Logistics:** a lack of available childcare impacts on accessing face to face counselling services in Drogheda
- **Language barriers** means one to one work takes a longer period e.g. initial assessments. Even with translation supports, sometimes a woman may not trust who is providing the translation and must be reassured as she is telling another person and not just the worker
- **Group Work:** the project worker stated that 'Not all women want to be in groups about domestic violence with women who have shared experiences' – this is in the context of living in IPAS settings. The worker stated that women have spoken about how they 'don't want to be in groups about domestic violence where someone could know their story'
- **Court Services:** Appointment of Interpreters at the initial application stage for a court order: Currently in Ireland interpretation supports are not available at this stage of application process and are only made available at the return date sitting for a court order. This presents challenges for women who cannot write in English when making applications and need to provide their written information at application stage. It is also a challenge for women who may have additional learning needs/ literacy needs where there is no court clerk or advocacy supports. At the application stage if the Judge wishes to hear evidence from the applicant and there is no Interpreter available on the day, hearings may be adjourned. Family members of respondent cannot be used as Interpreter /conflict of Interest. There are examples of this happening in other parts of the country with hearings adjourned and interpreters resourced and funded by local domestic violence support services when a new application is made to address this policy gap

CEO Perspective

- **Policy Landscape:** No national policy statement in the current national strategy on Domestic, Sexual and Gender Based Violence in relation to asylum seekers and refugees. Vulnerable groups are mentioned and ethnic minorities but no detailed actions in relation to this target group
- No updated policy statement from the Department of Justice since 2014 on its RIA policy document on safeguarding IPAS residents who might experience domestic, sexual or gender based violence – (HIQA website). A review of this policy should be initiated
- Ideally policies and procedures around how accommodation centres for international protection applicants and agencies could work together on domestic, sexual and gender based violence at a local level would be developed to support best practice models
- **Sexual Violence and Sexual Health Services:** Anecdotally, women have raised concerns about their sexual health and past experiences of sexual violence prior to coming to Ireland or on route to Ireland and a dedicated satellite clinic and therapeutic service could support both women and men who have experienced sexual violence
- **Joined up working:** more formalised sharing of the work happening on the ground in Mosney village to ensure there is no duplication of work and that agencies can support each other, potentially conduct joint initiatives would be beneficial for all. It would also be good for these agencies to engage in the Recognise, Respond and Refer training provided by DWCRRC which would support their practice working with women who experience Domestic Abuse

06.

Steering Committee Perspective

In January 2024, terms of reference for the project were reviewed and adopted. The purpose of the steering committee according to the terms of reference is:

- To assist and advise the project in the planning and oversight of its development in the Mosney Accommodation Centre (Mosney Village).
- To assist in the development of an outcomes focused work plan for the project, which will provide direction for the project.
- To provide expert advice, ensure delivery of the project outputs and the achievement of project outcomes.
- To identify any gaps in the supports for women and children experiencing domestic abuse in the centre and support development of appropriate referral pathways.
- To review appropriate procedures and practice guidelines.
- To support communication channels with participating agencies including all stakeholders in the delivery of the project.
- To explore ongoing development and growth opportunities.
- Be aware and secure any relevant funding opportunities.
- Ensure that all relevant agencies are identified and invited to participate in the steering group¹¹.

Feedback from Safe Harbour Steering Committee Survey

The survey was sent to 18 individuals from 14 organisations. Drogheda Women and Children's Refuge Centre support services manager is a member of the committee and the Safe Harbour worker reports into the committee. The survey includes feedback from the support services manager but not the worker or the CEO of DWCRC as this is captured separately in the previous section of this report.

A total of 11 responses out 18 were received. The survey posed seven open ended questions.

01.

Role of Steering Committee Members

Initially respondents were asked to describe their understanding of your role as a member of the steering committee. Feedback was split into three thematic areas, with some members citing their role to support and offer advice to the project with other members viewing their purpose as supporting women into the project and finally other members attending to represent the work of their own organisation.

Italics are used to present direct quoted feedback from participants who completed surveys and feedback is presented or grouped thematically below.

Support the Direction of the Project

- *To attend meetings, and support the ongoing process of the Safe Harbour Project, from the perspective of the expertise, and experience of one's own work.*
- *To support the role out of the Safe Harbour Project*
- *My role is as a Garda liaison between Safe Harbour and the Mosney Residents*
- *To support [the project's worker] and to give an input in the project, look at challenges and how we can overcome them, looking at trends and does this align with the direction of the project*
- *to support the ongoing growth and development of the project*
- *To bring clinical insight from a mental health service level to support the development of the in reach service.*
- *I understand the role. I am a member of the Community Room team and would have a lot of contact with residents.*

Supporting Women

- *My role is to signpost clients to the project when needed*
- *Steer, guide, offer information, advocate for women*

Supporting & Representing my Organisation

- *To represent addiction service (Dual diagnoses program) that works with Trauma and addiction.*
- *To help shape the direction of the service within Mosney Village. Also to be a voice for both the residents of Mosney Village and the company.*

When asked to discuss the project's main achievements in its first year, three themes emerged, namely, building trust and project establishment, supporting women's safety, and working with and supporting other professionals.

Trust Building and Establishing a new Project

- *Building up trust with the residents through various innovative ways of getting women to attend situations where information can be disseminated.*
- *To establish itself within Mosney and to be getting engagement from the residents within*
- *To have an embedded presence in an establishment where women can feel safe*
- *Successfully establishing a base at Mosney Village*
- *Establishing a new service available within Mosney Village and providing vital support to vulnerable female residents of Mosney Village and their children.*
- *The work that has been done over the last 12 months has been excellent and very valuable to the females that have used the service over the last year.*

Supporting Women's Safety

- *Supporting migrant women living in Mosney to help reduce the risk of domestic and sexual violence Secured funding from Meath CYPSC to develop, translate and print information posters and tri fold information leaflets in a variety of languages other than English. The project required the use of Translation Services to assist with document translation, such as risk assessments, danger assessments, worksheets in group settings, information about types of domestic abuse, Female Genital Mutilation and legal remedies. In addition, information was provided to parents regarding the impact living with domestic abuse has for children and these documents and worksheets also required translation.*
- *I understand the project is designed to offer women in the community a safe confidential space that will sign post to services in the community*

Working with & Supporting other Professionals

- *The project has raised awareness with other professionals about domestic abuse and the appropriate referral pathways*
- *The project has established a consistent trauma informed presence enabling earlier identification and support for individuals affected by gender based violence and sexual assault. One of the key achievements has been the development of collaborative, cross disciplinary working relationships. The project has also increased awareness to help reduce stigma and build trust*
- *A health care worker in place in Mosney [Safe Harbour worker] Training of staff in Mosney, FRC, LMETB, Housing possibly*

Next respondents were asked to discuss the project's main challenges in its first year in operation and again three themes emerged; improving communication and working relationships between agencies working in the accommodation centre, building trust with women to support greater access and participation in support service and finally addressing barriers to accessing services with issues such as language, culture and family could have in preventing marginalised women's needs being met.

03. Challenges

Improving communication and working relationships between agencies

- *Relationships with Mosney Village and barriers in communication between Mosney village staff and Safe Harbor Project.*
- *the already established and complex culture of Mosney village*
- *Navigating the fragmented and siloed nature of services working in this space. This is compounded by structural and organisational barriers such as GDPR and inter agency collaboration. Building trust and formalising pathways across different governance structures remains an ongoing need*

Building Trust and Ensuring Confidentiality

- *To build that trust*
- *Building trust and developing relationships with some of the migrant women living in Mosney as well as building their capacity to learn more on the issue of domestic and sexual violence*
- *Time to build trust, rapport, change individuals' beliefs and behaviours around domestic violence takes time*
- *Identifying a space where service users can easily identify while maintaining discretion and privacy*

English language skills, cultural barriers and reaching the most marginalised

- *Residents' awareness of the project due to their lack of understanding of the English language.*
- *Ensuring the service is reaching the residents who are most in need.*
- *Engagement with the women due to cultural issues i.e. language , Presenting family systems due to cultural back rounds.*

Steering Committee members were next asked to discuss the future in terms of what work the project should continue to do and what it should discontinue doing.

Continue to Do (10 respondents)	Stop Doing (1 Respondent)
Continue to engage with residents	Duplicating systems without integration
Engaging with the migrant community within Mosney and continue to provide education around domestic abuse to professionals where the project overlaps	
Continue to build relationships with staff and residents	
It should continue its in reach model which has proven vital in building trust and making support accessible. Ongoing collaboration with on-site professionals in an effort to strengthen interagency collaboration will help maintain momentum and deepen its impact	
Continue building relationships in Mosney Village as it is an ever-changing environment	
Continue to offer this support to the women most in need of support. Offering training and education to different groups within the Mosney Village community, staff, residents, other services etc	
It would be fantastic if the support that is currently being done continues as it is invaluable	
Continue the provision of a health care worker, Training for those that work with migrant women, Community awareness Court support/ accompaniment	
Continue to cultivate awareness around the issue of domestic and sexual based violence, and its impacts on migrant women and children living in Mosney Village	
Building relationships with women	

Respondents were then asked to describe the ways in which they supported the project over the past year, they were asked to select from a multiple choice list with an option to provide additional information where the categories did not best describe what they did, with all respondents answering the question.

Categories of Supports Provided to the Project by Steering Committee Members

Offered advice and information	81.82%	9
Undertaken training offered by the project	18.18%	2
Provided services and supports to people referred to our organisation by the project	36.36%	4
Changed our work practices based on learning from our work with Safe Harbour	18.18%	2
None of the Above	9.09%	1
Other (please specify)*	27.27%	3
	Answered	11

Other Supports Identified by three Members of the Steering Committee:

- *the provision of a grant from the CYPSC Programme Fund for 2024*
- *directing residents to Safe Harbour*
- *We have offered supports regarding information stands and supports*

Finally, the last question respondents answered was to identify up to three suggested improvements that would assist the steering committee to function more effectively. The responses focused on joint working opportunities, sharing learning and practice and the structure and working model of the committee itself.

Opportunities for joint working with steering committee members	Sharing learning and practice
1. Continue to collaborate together	1. Make a presentation to the steering committee highlighting key achievements since the start of the programme
2. Establish clearer information sharing protocols	2. Share examples, cases, reflect on worked well, challenges in situation for women
3. To be part of a programme offered	3. Secure funding from other sources to support this vital work
4. Agreed referral process for our service	4. Invited to meeting that allows us to meet some of the community
5. Shared Action Plan	5. Hear experiences of migrant women who experienced violence and what additional challenges they experienced

Structure and Model of Work of the Committee itself

- *For the committee to contribute as a working group rather than updates*
- *For the committee members to contribute to the work plan*
- *For the committee to not see everything from their perspective or have their own agenda*
- *increase opportunities for reflective practice and feedback*
- *Alternative between In-person meetings and online meetings*
- *Include more management from Mosney Village in order to show work being provided by Safe Harbour Project.*
- *I think the overall approach needs to be more dynamic*

07.

Education & Training Programme

The delivery of training to external agencies was a principal component of the project. In terms of outputs 51 sessions or workshops were delivered to 322 individuals, of which 110 attendees were health professionals from Drogheda Hospital, just under a third of all training participants.

This figures mirrors the total number of referrals made by the project to health services at 30% of all referrals from the Safe Harbour project. This evidence demonstrates the value of the training provided and how it can support an increase in awareness of domestic, sexual and gender based violence among frontline agencies and referrals to the project and enhance interagency working.

A breakdown of the training participants is outlined below:

3 Rs Programme – Recognise, Respond and Refer	No. of Participants
An Garda Siochana	10
East Coast Family Resource Centre	10
Community Interagency Group	20
Primary Care HSE / Public Health Nurses	6
Tusla – Primary Prevention and Family Support	2
Multi Agency Group	3
Louth and Meath Integrations Teams	5
Louth Meath Education Training Board Tutors	20
An Garda Siochana and Interagency Group	10
Youthreach Drogheda over 18 group	10
Social Work Department	5
SICAP / women's group	20
Heath Services Executive (HSE) multiagency staff	32
Drogheda Hospital Staff	110
Other ¹³	59
Total No of Participants	322

The 3 R's training provided-(Recognise, Respond and Refer) main goal is described by the Safe Harbour Project as:

“To help organisations improve their responses and support for women and children affected by domestic violence and abuse. Knowing how to respond appropriately can make a significant difference to reducing the isolation and risks to women and children living with the dangers of domestic abuse. Through specialist training we aim to inform people who may contribute to enhancing the safety of women and their children¹⁴”

¹³Individuals and mixed members of various community groups including groups with asylum seekers

Those who attend a three hour training workshop learn

- The definitions and dynamics of domestic violence, abuse, and coercive control
- How it impacts on Survivors and the Barriers to Reporting and Disclosing abuse
- How to respond to a survivor of domestic abuse
- How to signpost a Survivor to appropriate services¹⁵

The training is tailored to the different agency needs and case studies with scenarios applied to the relevant discipline are used to ensure the training session is relevant to trainees.

An evaluation sheet is provided at the end of training to receive feedback from trainees. The original feedback form was recently reviewed and updated to a format that will assist the extrapolation of measurable feedback that can be applied to improve the training. This is a positive development as training programmes should be reviewed and updated on an ongoing basis. Evaluation forms not completed by agencies due to limited time at the end of sessions has resulted in limited data being available for this evaluation to review. It is recommended that time for evaluation be built into the training session schedule so this can be completed in real time and that the project explores the potential use of an online survey link that can be accessed using a phone could assist the collation of data in real time.

There are a range of tools available to undertake such work.

The training provided was co-facilitated on some occasions by the Safe Harbour education and outreach worker in collaboration with colleagues in Drogheda Women and Children's Refuge Centre.

Feedback from the Training Survey

Six agencies who sent one hundred and forty five staff on the 3 Rs training were contacted to complete the survey which examined how their staff used the training within the work setting. This represented 45% of all of those who completed training to date.

The purpose was to understand:

1. how in general the training has been applied in real life work settings post completion
2. the rationale for signing their teams up to the training programme
3. key learnings from the training to date

Four out of six agencies approached responded to the survey, they included health service professionals, the gardaí, integration team workers and a family resource centre and all four answered all the questions. Direct quoted feedback from respondents is outlined below in *Italics*.

When asked to discuss why the training was important for their organisation a range of reasons were provided:

- *The training provided by Drogheda Women's & Children's Refuge is invaluable to both Medical and Nursing Staff within the Emergency Department*
- *Recognise and respond training so staff can support women and children*
- *As frontline workers, members of An Garda Síochána are often a primary point of contact for victims of Domestic Violence therefore it is vital that we strengthen our skills and our understanding so that we can support victims and enhance our response to Domestic Violence*

When asked to discuss three learnings they wanted their teams to take back from the training, a range of answers were provided:

- *We engage with refugees and asylum seekers, and we need to understand the signs and triggers of Domestic Violence*
- *2 agencies stated recognising domestic, sexual and gender based violence or coercive control*
- *2 agencies cited knowing the signs of domestic, sexual and gender based violence or coercive control*
- *3 agencies cited knowing how to support victims and the 'importance of patience when dealing with victims who may not be ready to make a report'*
- *2 agencies named where to refer and 'points of contact in the refuges' as important with 1 stating knowing how to respond*
- *1 agency cited learning how to ask a person if they are experiencing domestic violence*

Respondents were asked to provide examples from their own knowledge on how they or their colleagues applied the training in your work setting/work practice with all four agencies providing responses:

- *ED staff are now more aware of how to Recognise, Respond to & Refer DSGBV on presentation to the Emergency Dept. ED Staff are now more aware to refer to & engaged the expert support of Drogheda Women's & Children Refuge, when we have identified victims of DSGBV presenting to the Emergency Dept. This in turn ensures that the individual patient receives prompt and efficient support when needed.*
- *Support families to liaise with refuge services - to receive court support, counselling support*
- *Speaking with other members who attended the training they informed me that they now approach DV related calls with a more compassionate and understanding approach. They also said that it enabled them to provide a more informed, empathetic, and effective response to victims of DV.*
- *We have had a number of clients who have been victims of DV and have reached out for help. We have supported them through the process working with staff in Drogheda Women's refuge*

¹⁴Safe Harbour Note on 3 Rs training programme

¹⁵Ibid note on the 3 Rs training programme

When asked if they were interested in further training on other related topics, a range multiple choice options were provided with a separate box for other training

If further training were available, what topics would you/your agency be interested in learning about-relevant to your area of work	Responses	No.
How to recognise, respond and refer those who experience gender based violence	50.00%	2
understanding the role of a domestic violence support service	25.00%	1
What is coercive control?	25.00%	1
Gender based violence and the impact on children	100.00%	4
the law and domestic violence	50.00%	2
female genital mutilation (FGM)	50.00%	2
developing policies in agencies to support survivors of domestic violence	50.00%	2
Other (please specify)	50.00%	2
	Answered	4

Other areas identified in terms of future training were prevention and education work with children and young people, civil restraining orders and what part the gardai play in relation to obtaining one.

The impact of domestic abuse on children was the most popular topic with all respondents in terms of potential future training. Lastly, when asked, all agencies who responded said they would send their staff to attend training again.

Women's Wellness Series

A key part of raising awareness of domestic abuse in communities is bringing groups together to learn, share experiences and build their analysis of the topic, how it relates to their world and how they want to respond to it. To engage women and begin to build relationships and trust to start conversations around the issue of gender based violence, the project worker developed personal development workshops entitled women's wellness series. Flyers were distributed to share information and the workshops were developed around a range of thematic areas over a 6 week period with 52 women attending.

The workshops were designed using facilitative approaches that addressed issues of language, literacy and a range of communication tools were used. The group changed as people came into Mosney village or left and moved on. Diverse topics were covered over the six week programme including: self-care; assertiveness and confidence; women role models; women and public speaking; self-portrait art project and one million stars project (weaving project) that focuses on domestic abuse.

08. Current Policy Context

There is limited evidence available on the prevalence of domestic, sexual and gender based violence among women and girls seeking international protection. The experience of female genital mutilation and sex trafficking are issues many NGOs such as Akidwa and Ruhama have highlighted in relation to female international protection applicants. Statutory agencies such as the HSE are actively engaging on responding to sex trafficking issues also.

However, the experience of women living in IPAS who have historical or current experience of sexual or domestic abuse is largely undocumented in Ireland. Some exceptions include Offaly Domestic Violence Support Service whose report on their two year ethnic minority pilot project, includes some discussion on the experience of women seeking international protection and residing in reception centres in the midland's region¹⁶. Drogheda Women and Children's Refuge Centre are one of a very small number of organisations working in this setting providing targeted interventions related to domestic abuse.

The current state policy and procedures in relation to reporting and responding to domestic, sexual and gender based violence experienced by those residing in international protection accommodation services (IPAS) was developed by the Department of Justice in 2014. The policy and its procedures were developed in collaboration with other agencies and NGOs and is cited on the HIQA website¹⁷.

HIQA have responsibility for monitoring compliance and standards in permanent accommodation under the 2019 National Standards for Accommodation Offered to People in the Protection Process.

The Health Information and Quality Authority (HIQA) is an independent authority established to drive high quality and safe care for people using our health and social care services in Ireland¹⁸.

However, the current DSGBV policy was developed in 2014 and has not been updated or reviewed in the past eleven years while the nature of asylum and displacement of people globally has changed dramatically in the intervening years. This is evidenced by the exponential growth in the number of international protection accommodation services or IPAS centres due to the increased numbers seeking international protection in Ireland¹⁹. The twelve months of 2014 saw 1448 applications received that year with 4096 applications received in quarter one of 2025 between January and April²⁰.

These developments should give rise to a review and updating of the policies, procedures and practices relating to domestic, sexual and gender based violence to ensure that agencies are responding to the needs of victims and survivors in line with current best practice evidence.

CUAN, the statutory Domestic, Sexual and Gender Based Violence Agency (DSGBV) is tasked with the co-ordination and development of specialist domestic, sexual and gender based violence service and responses. It has a stated objective relevant to this issue, namely, to:

“Lead the development and delivery of quality and effective services and supports, accessible to all victim-survivors and persons at risk of domestic, sexual and gender-based violence”²¹

One action under this objective is to develop a new national services development plan. This action provides an opportunity for the new agency to take cognisance of the needs of women and children seeking international protection, given their diversity of need and potential marginalisation and the service support needs of this group.

*Develop a National Services Development Plan in collaboration with stakeholders which has regard to the diverse circumstances and needs of victims and persons at risk of domestic, sexual and gender-based violence (including children and young persons)*²²

No further detail is contained in the strategy document on the experience of women seeking asylum and living in IPAS and the support or service needs of this group.

The European Union Agency for Asylum is an agency of the EU mandated with supporting member states with applying EU law pertaining to asylum and international protection. It regularly produces reports and fact sheets demonstrating good practice in the field of asylum and international protection policy law and funding supports that EU members state demonstrate.

In its August 2022 factsheet²² it provides a range of examples of best practice around domestic, sexual and gender based violence. Examples included:

- *agreed working protocols on preventing domestic, sexual and gender based violence between all agencies working with women and girls in reception centres and the development of information leaflets in a range of languages in Croatia,*
- *the mapping of experiences of sexual and gender based violence of women residing in a reception centre in Cyprus which identified that 49% of women assessed experienced DSGBV*
- *finally, the development of an agreed protocol in Spain to detect and prevent gender based violence²⁴.*

As there is a dearth of knowledge of prevalence, limited direct work with victims of domestic, sexual and gender based violence in centres and limited best practice knowledge, it is incumbent on CUAN as the state's national agency on DSGBV to lead out on the co-ordination of responses to this issue.

¹⁶Ethnic Minority Community Development Pilot Project, Offaly Domestic Violence Support Service (2021)

¹⁷Policy documents International Protection Accommodation | HIQA

¹⁸www.hiqa.ie/about-us

¹⁹1448 applications for asylum in Ireland made in 2014 Ireland's response to recent trends in international protection applications | ESRI

²⁰Statistics – International Protection Office www.ipo.gov.ie/en/ipo/pages/statistics

²¹CUAN Corporate Plan 2025–2027 [cuan-corporate-plan-2025-2027.pdf](#) page 14

²²Ibid, page 14

²³Protecting women and girls in the asylum procedure, Fact Sheet No 11 Fact sheet EUAA/IAS/2022/11

²⁴Ibid page 2–3

09.

Report Findings

The Safe Harbour Project has been a very welcome and positive initiative from the perspective of Drogheda Women and Children's Refuge Centre, the women who have accessed its supports and external agencies who have collaborated with it. This report highlights a range of successes after only one year, which can be built on. It also demonstrates that the project has achieved much, particularly in relation to providing one to one supports to women experiencing domestic abuse and providing collective meeting spaces for women to support them as women building trust and relationships.



Additionally, the provision of core training on domestic abuse to frontline agencies has seen a high level of uptake with a correlation between referrals from the project and training provided to the referring agency trending at approximately 30% each.

The organisation should now take the time to reflect and share the learning of the Safe Harbour Project internally with its staff, board and externally with funders to explore how its work and practice can be embedded into the overall work of DWCRC to avoid the potential of the project being siloed or becoming a service within a service. Securing longer term funding beyond the two years agreed and adding a potential second worker with a community development focus to ensure all three project strands can achieve equal attention and focus should be a priority.

Feedback from the steering committee and the organisation has been positive overall on the work to date, but the development of more formalised service pathways, joint working opportunities and a change in focus of the committee from an advisory group to an interagency forum could provide a clearer purpose for this group and would support the next year of the project and its goal to mainstream its work. The survey feedback could assist this development.

The role of the state in leading out national policy responses and better interagency working between IPAS centres and the local community, voluntary and statutory sector on the issue of domestic, sexual and gender based violence is central to supporting the development of the project.

10.

Working Towards Best Practice-Key Learnings

Current Practice	Future Practice and Actions
<p>A) Safe Harbour worker provides all service supports to women in Mosney village e.g. attends court, contacts refuge seeking refuge/concerns about being a service within a service as it undertakes work managed by other staff in DWCRC. Referrals for counselling and play therapy are allocated into the organisation to its qualified counsellors and play therapists (these services are based in Drogheda)</p>	<p>The Safe Harbour Project should have a clear service referral pathway (see diagram in Appendix 2) into Drogheda Women and Children's Refuge Centre documented clearly identifying where the role of the Safe Harbour worker starts and ends. If the project grows this referral pathway will be required to balance workloads (see diagram in Appendix 1). This could be done on a phased basis over the next year:</p> <ul style="list-style-type: none"> • Safe Harbour worker undertakes initial referrals including risk assessment, safety planning and support plan. A case load for a full time outreach worker is usually set at 25 for non-complex cases and 20 cases where needs are high • Outreach Team court accompaniment worker (when in place) provides court accompaniment • Outreach Team case worker takes on referrals from the Safe Harbour worker if a woman is moving out of Mosney village and into the community to ensure continuity of supports and so the Safe Harbour worker can concentrate their efforts on the needs of women on site • Referrals to wider DWCRC services recorded within the internal referral system • Referral pathways to external agencies formalised where possible • Addressing barriers to service provision in the local community must take place to facilitate the actions above e.g. resourcing travel to counselling, court or play therapy and childcare provision. If possible, a resource budget should be put in place to support this • Oversight: the pathway should feed into the overall organisational internal service pathway system and should be reviewed by lead manager and CEO • Education and Training with external agencies should be shared with other staff members who engage in training
<p>B) lack of knowledge at an organisational level about the work of the project within the wider DWCRC</p>	<ul style="list-style-type: none"> • the evaluation report to be shared with the whole staff team in a structured practice learning space. During year 2 and onwards the work of the project should be discussed at outreach team meetings and staff whole team meetings to support the development of the internal service referral pathways and to share learning and good practice • the evaluation report should also be presented to and discussed with the board of directors and funders to explore project development, resourcing, and mainstreaming
<p>C) The project has three strands: One to one work with women; education and training with women in group settings and externally with agencies and services who work with women who are international protection applicants or refugees and community development</p>	<ul style="list-style-type: none"> • In year 2 prioritise the first strand (see Appendix 1) weighting the priorities in terms of focus). It is important to note that as the project progresses the weighting may change e.g. increase in referrals for one to one supports, demands for training but a balance needs to be agreed and kept under review and changes made agreed and workloads adjusted.

<p>D) The project has three strands: One to one work with women; education and training with women in group settings and externally with agencies and services who work with women who are international protection applicants or refugees and community development</p>	<ul style="list-style-type: none"> • 60% of time: one to one direct work with women (once the agreed service referral pathway in DWCR is agreed) • 20% of time on education and training workshops with agencies with an inbuilt evaluation process as outlined in this report, setting a target number of workshops with agencies who frequently engage women in Mosney village. Where possible other staff in DWCR should co-facilitate training sessions and when a full outreach team are in place they should lead out on this with the Safe Harbour project contributing. Given the level of work undertaken in year one on training, consolidating relationships and interagency co-operation should be the focus in year 2 • 20% Prevention and Early Intervention: the wellness workshops were a positive initiative and while the groups of women attending were transient, the project should continue to use community development approaches in raising awareness of domestic, sexual and gender based violence in general with a focus on education and prevention work. This work needs to be planned out. Some examples are outlined below (priority would mean choosing a project or initiative). • Continue wellness workshops with women with additional health related topics, supporting women with different skills to co-facilitate sessions • Development of information materials in different languages on DSGBV topics relevant to communities in Mosney village. Working with community leaders could support their skills and knowledge on the topic • Responses to emerging issues such as sexual violence and sexual health are live issues. Developing a community service response to this issue working with other agencies and where possible residents in Mosney village
<p>E) Steering Committee-no chairperson in situ, terms of reference and structure has not been reviewed yet</p>	<ul style="list-style-type: none"> • A facilitated workshop with the steering committee to review the evaluation report findings in relation to the role and structure of the steering committee. The report illustrates that a section of members want to go beyond providing advice and guidance, to a greater focus on joint projects and interagency co-operation. As communication issues were raised in terms of co-ordinating work on site in Mosney village, a discussion of the role of the steering committee in addressing this issue should also be addressed. • It would be important to go back to the members to ensure all organisations are able to continue to commit to participating on the committee. • Review the current terms of reference and membership • Elect a chairperson (this should be one of the members not the lead organisation)-this is best practice) to ensure the group operates in line with its updated terms of reference
<p>F) Policy and Practice No dedicated actions on this target group in the current national strategy on DSGBV</p> <p>Current policies and procedures in IPAS centres on reporting and responding to DSGBV have not been reviewed since 2014</p>	<p>This report should be shared with CUAN and the Department of Justice. Two areas have been identified for discussion:</p> <ul style="list-style-type: none"> • The national strategy on domestic, sexual and gender based violence response to supporting the needs of women and children in international protection in terms of service development • A review of the current policies and procedures relating to domestic, sexual and gender based violence in place to support staff, management, residents, and agencies in IPAS centres

11.

Recommendations

1. To host a project learning event to present the evaluation report to steering committee members; funders, Department of Justice, and CUAN-the Domestic, Sexual and Gender Based Violence Agency
2. Review the role of the Steering Committee based as a support structure and its functions to enhance and support the work of the Safe Harbour Project
3. To develop a work plan for year 2 of the project taking account on the evaluation report learning on the project's achievements, the current model of work and focus of the project, integrating the work into the wider organisation of Drogheda Women and Children's Refuge Centre
4. To seek a review of the 2014 policy and practice document on safeguarding IPAS residents against Domestic, Sexual and Gender Based Violence and Harassment considering the National Standards on Reception 2019 and the current best practice evidence e.g. work of the EU Agency for Asylum on sexual and gender based violence
5. To work with CUAN-the Domestic, Sexual and Gender Based Violence Agency on exploring the potential to develop and mainstream the project in 2026. This should include a focus on supporting a response to survivors of sexual violence alongside domestic abuse as part of a wider DSGBV response

12.

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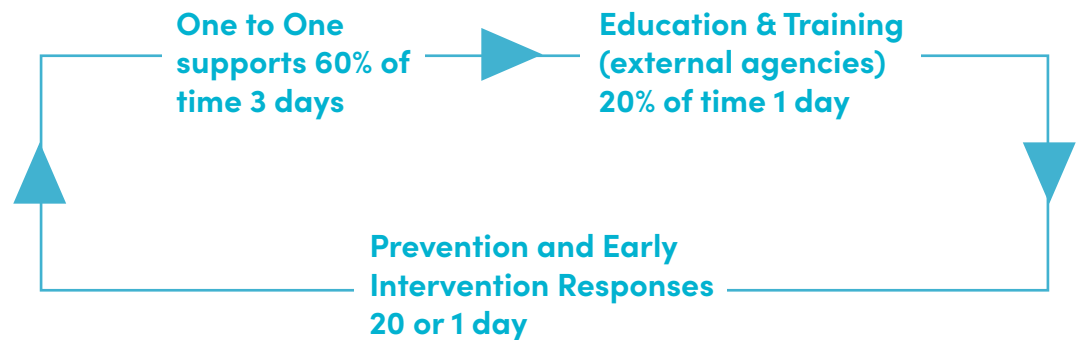


13.

Appendices

Appendix One

Project Time Split example for Year 2 (this could change in Year 3 as the one to one work will potentially expand/additional funding for a second worker was available)



Appendix Two

One to One work pathway-future

Initial contact and support plan developed

- Initial referral accepted
- Risk and safety planning and support plan in place documenting the key support plan objectives
- Implementation of support plan jointly with the woman

DWCRC supports (service referral pathway agreed)

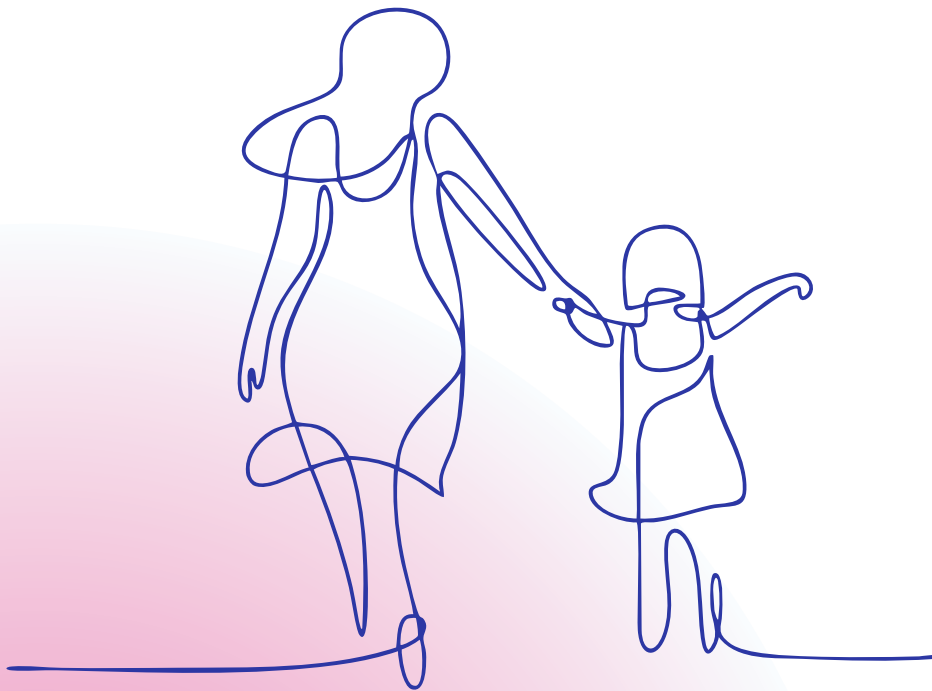
- DWCRC providing other supports e.g.
- court accompaniment,
- refuge provision or accessing refuge
- counselling and play therapy,
- children's services (where women can be supported to travel from Mosney village)

Moving on and external supports

- Referral to external agencies e.g. local authority, community organisations, family support etc
- Referral to supports within DWCRC when the woman is leaving Mosney village but continues to need specialist domestic violence support e.g. Support groups, continuation of counselling

Membership of the Steering Committee

- Dundalk Women's Aid
- Meath Women's Refuge and Support Services
- An Garda Siochana, Inspector Meath
- Tusla Child and Family Agency Coordinator of Meath, Children's and Young Peoples Services Committee (CYPSC)
- Ruhama
- Akidwa
- Louth Meath Education and Training Board
- The Red Door Project
- Louth Library Service
- Mosney Village- Reception Officer (2 people onsite support)
- Mosney Village- Youth Officer, onsite support.
- Mosney Village Management (2 people)
- Offaly Domestic Violence Service- Ethnic Minority Worker
- East Coast Family Resource Centre
- HSE- Mental Health Practitioner for Displaced Populations, onsite support.
- Drogheda Women and Children's Refuge Centre-Support Services Manager and CEO



Our Vision:

“All women and children in the Drogheda and North East have a home and are free from domestic, sexual and gender-based violence”



Drogheda Women's & Children's
Refuge Centre C.L.G.

DWCR is here 24/7, 365 days of the year. Because it never stops, neither do we.

info@droghedarefuge.org
www.droghedarefuge.org



Our helpline number 041 98 44550

for advice, outreach, court accompaniment:

085 8744238 (mon–wed)

085 8744158 (wed–fri)

DWCR Reception Office/Donations: 041 9844998

Community Employment: 089 4875657

DWCR OFFICE, St Anthony's, Priestlane, Drogheda, Co. Louth, A92 N9OP



An Roinn Dlí agus Cirt
Department of Justice